

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(.)ps s	int Oleany)		
PARTI LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
MONIS	JOHN	R.	(808)845-6221	
MAILING ADDRESS (Street)			FAX	
1432 Middle Street			(808) 847-8048	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	HI	968	96819-2501	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Hawaii Ope	erating Engineers Industry	Stabilization Fund	(808)845-6221	
MAILING ADDRESS (Street)			FAX	
1432 Middle Street			(808)847-8048	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	HI	968	96819-2501	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBE	TELEPHONE		
HAWAII OPERATING EN	(808)845-6221		
MAILING ADDRESS (Street)	FAX		
1432 MIDDLE STREET	(808)847-8048		
(City)	(State)	(Zip Code)	
HONOLULU	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JOHN SWEENEY MAILING ADDRESS (Street)		(510)433-4422 FAX	
1640 SOUTH LOOP ROA		(510)337–3060	
(City)	(State)	(Zip Code)	
ALAMEDA	CA	94502	

PART III DESCRIPTION O	F SUBJECTS UPON WHICH	YOU EXPECT TO LOB	BY		
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	✓ Government Operations & Finance	Intergovernmental Rel	ations, Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management Construction			
Ecology, Energy Environmental Protection	Housing	Public Safety & Correct			
PART IV CERTIFICATION	OF LOBBYIST				
I hereby certify that the in	nformation furnished above is, in the state of Lobbyist)	to the best of my knowl	edge, correct and complete. 3 - 16 - 57 (Date)		
PART V AUTHORIZATION		TITLE OF AUTHORIZING O	FEIGER OR REPORT PERSONALE		
NAME		ITTLE OF AUTHORIZING O	FFICER OR PERSON REPRESENTED		
PERRY O. ARTATES	EXECUTIVE DIRECTOR				
NAME OF ORGANIZATION (if appli	cable)		TELEPHONE		
HAWAII OPERATING ENGINEERS INDUSTRY STABILIZATION FUND			(808)845-6221		
MAILING ADDRESS (Street)			FAX		
1432 MIDDLE STREET			(808)847-8048		
(City)	(State)	(Zip Code)			
HONOLULU	HI	96819			
,	ove - named person to engage	in lobbying activities of	n behalf of the undersigned.		

(Signature of Authorizing Officer or Person Represented)